




Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov		 		Date Approved To Test
Received By			Approved By		
Criminal Offense Statement					
The Division of Fire Safety cannot accept your application for Testing or Certification until you have submitted the following information and it has been verified and approved by the Division of Fire Safety:					
Personal Information:					
Social Security #	Legal Last Name	Suffix	Legal First Name	M.I.	
Mailing Address of Applicant			City	State	Zip Code
What level of testing and certification have you applied for:					
Have you ever forfeited bond, entered a plea of guilt or been convicted of any criminal offense (other than minor traffic offenses)?					
<input type="checkbox"/> Yes (Please complete the following) <input type="checkbox"/> No (sign and date)					
Date of Conviction:					
Original Charge:					
Jurisdiction:					
Disposition:					
Circumstances Surrounding Offense:					

Authorization for Release of Information

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with the application already submitted are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization.

A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____ **Date:** _____